# COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR C-I-P)

	CONTINUATION, OR C-I-P)
As a below named inventor, I here	by declare that:
	TYPE OF DECLARATION
This declaration is of the following	type: 🗵 original.
(check one)	□ design.
	$\square$ supplemental.
	☐ national stage of PCT.
	☐ divisional.
	☐ continuation.
	☐ continuation-in-part (C-I-P)
1	NVENTORSHIP IDENTIFICATION
original, first and sole inventor (if	and citizenship are as stated below, next to my name. I believe that I am the conly one name is listed below) or an original, first and joint inventor (if plure ect matter that is claimed, and for which a patent is sought on the invention
	TITLE OF INVENTION
FII	TER MATERIAL AND METHOD
S	PECIFICATION IDENTIFICATION
the specification of which:	
(a) is attached hereto.	
(b) □ was filed on	, as Serial No (if applicable).
and was amended on	(if applicable).
(c) \( \subseteq  was described and claimed in	PCT International Application No, filed
on	and as amended under PCT Article 19 on

### ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

□ in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 C.F.R. § 1.98.

### **POWER OF ATTORNEY**

I hereby appoint the practitioners practicing at the following Customer Number to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

34704 PATENT TRADEMARK OFFICE

#### **SEND CORRESPONDENCE TO:**

**DIRECT TELEPHONE CALLS TO:** 

Address:

BACHMAN & LaPOINTE, P.C. 900 Chapel Street, Suite 1201 New Haven, CT 06510-2802 George A. Coury (203) 777-6628 - ext. 113

## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements: were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)		
Full name of sole or first inventor: (signature)	Full name of second joint inventor, if any:  (signature)	
Name: DIRK DIETER HANS TER HORST  Date: TOLY US 2008  Country of Citizenship: VENEZUELA	Date: July 15 2003  Country of Citizenship:	
Residence Address:  QUINTA INES C. COLON  PRADOS DEL ESTE CARACAS  VENEZUELA  Post Office Address: (SAME AS ABOVE)	Post Office Address: (SAME AS ABOVE)	

THIS DECLARATION ENDS WITH THIS PAGE.

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